

DIGITEK® CONSUMER RETURN KIT

Thank you for your recent inquiry regarding the Digitek® (digoxin tablets, USP) product recall. Stericycle is handling all refund requests associated with the Digitek® product recall. Thus, consumers should not ask their pharmacy for a refund and should follow Stericycle's enclosed instructions to process refund requests. Please read the following information carefully and adhere to the requirements pertaining to your situation.

A. For consumers who are able to return the remaining portion of their Digitek® prescription:

1. Place the unused Digitek®, in its original pharmacy container (if possible), in the enclosed shipping package.
2. Place your valid pharmacy receipt in the enclosed shipping package. A valid pharmacy receipt includes the name, address, and phone number of the dispensing pharmacy, your name, the prescription number, product name, product strength, quantity of product, the date your prescription was filled, and the amount that you paid out-of-pocket for the prescription. Your prescription must have been filled between March 2006 and April 2008 to be eligible for a refund.
3. Complete and sign the *Consumer Authorization Form* at the bottom of this page and include it in the shipping package.
4. Seal the shipping package and affix the prepaid USPS label to the outside and drop in any mailbox.

B. For consumers who destroyed or disposed of the remaining portion of their Digitek® prescription:

NOTE: If you have destroyed or disposed of your Digitek® and cannot return it, you may still be eligible for a refund if you have a valid pharmacy receipt (limited to one receipt) as described in #1 below.

1. Place your valid pharmacy receipt in the enclosed shipping package. A valid pharmacy receipt includes the name, address, and phone number of the dispensing pharmacy, your name, the prescription number, product name, product strength, quantity of product, the date your prescription was filled, and the amount that you paid out-of-pocket for the prescription. Your prescription must have been filled between March 2006 and April 2008 to be eligible for a refund.
2. You must complete and sign the enclosed *Consumer's Certification of Inability to Return Digitek®* and include it in the shipping package.
3. You must also complete and sign the *Consumer Authorization Form* at the bottom of this page and include it in the shipping package.
Note: Both the *Consumer's Certification of Inability to Return Digitek®* and the *Consumer Authorization Form* must be signed and returned in order to qualify for a refund if you are not returning the Digitek®.
4. Seal the shipping package and affix the prepaid USPS label to the outside and drop in any mailbox.

Eligibility for a refund requires a valid pharmacy receipt (limited to one receipt) as described above indicating that your prescription was dispensed between March 2006 and April 2008. If you are not returning product and you do not have a valid pharmacy receipt, you are not eligible for a refund.

This Consumer Return Kit and required documents must be completed and postmarked no later than **October 31, 2008**, in order to be eligible for a refund. Refund requests may take up to 12 weeks from the time that Stericycle receives the completed Consumer Return Kit.

For shipping assistance and/or questions about the return process, contact Stericycle at 1-888-276-6166.

CONSUMER AUTHORIZATION FORM: (Signature required)

I understand that the information I have provided in connection with my request for a refund on Digitek® will be used by Stericycle for any purpose related to my request for a refund. As necessary, Stericycle may contact my pharmacy to process my request for a refund and to verify the information I have provided.

By signing below, I authorize Stericycle to use the information I have provided as set forth above. For such purpose, I understand that Stericycle may provide to my pharmacy a copy of this completed Authorization and all other information I have given to Stericycle to process my request for a refund.

Signature: _____ Print Name: _____ Date: _____

Address: _____ Telephone: _____

Consumer's Certification of Inability to Return Digitek® (digoxin tablets, USP)
(For consumers who have destroyed or disposed of their Digitek® and cannot return it)

The undersigned certifies as follows:

1. I purchased Digitek® as shown on the valid pharmacy receipt submitted to Stericycle.
2. I still had some unused Digitek® in my possession on April 30, 2008.
3. However, I cannot return my unused Digitek® because I destroyed or disposed of it as described below.
4. I request a refund for this product based on the statements and authorization in this document.

(Please fill in the blanks or check the appropriate boxes below)

Name and address of pharmacy where Digitek® was purchased: _____

Telephone number of pharmacy (if available): () ____ - _____

Amount of Digitek® (number of tablets) I still had in my possession on April 30, 2008:

.25 mg _____ .125 mg _____

I am unable to return this product because:

- ☐ I destroyed or disposed of it
- ☐ I returned it to my physician
- ☐ I returned it to my pharmacy but did not get a refund
- ☐ Other (please explain): _____

I understand that I cannot receive a refund if I keep any portion of unused Digitek® or if I have already received a refund from any other source for this prescription.

Signature: _____

Date: _____

Print name: _____

Address: _____

Telephone: _____